

# **EXHIBIT C**

**ACORD™ EVIDENCE OF PERSONAL PROPERTY INSURANCE**DATE (MM/DD/YYYY)  
**02/12/2025**

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

<b>AGENCY</b> Levitt-Fuirst Associates, LTD 520 White Plains Road 2nd Floor Tarrytown, NY 10591		<b>PHONE</b> (A/C, No, Ext): <b>(914) 457-4200</b>		<b>COMPANY</b> Accredited Specialty Insurance Company P.O. Box 140855 Orlando, FL 32814	
		<b>FAX</b> (A/C, No): <b>(914) 457-4200</b>			
		<b>E-MAIL</b> ADDRESS: <b>info@levittfuirst.com</b>			
<b>CODE:</b>		<b>SUB CODE:</b>			
<b>AGENCY CUSTOMER ID #:</b> <b>RUBBAFR001</b>					
<b>INSURED</b>  <b>Frank Rubba</b> <b>6 Sunset Lane</b> <b>Monmouth Beach, NJ 07750</b>		<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> <b>2OUANJ04S0206049-00</b>	
		<b>EFFECTIVE DATE</b> <b>08/11/2024</b>		<b>EXPIRATION DATE</b> <b>08/11/2025</b>	
				<input type="checkbox"/> <b>CONTINUED UNTIL</b> <b>TERMINATED IF CHECKED</b>	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>					

**PROPERTY INFORMATION**

<b>LOCATION/DESCRIPTION</b> <b>Loc # 1, 6 Sunset Lane, Monmouth Beach, NJ 07750</b>
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**COVERAGE INFORMATION**

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Loc # 1		
Dwelling	\$645,000	10,000
Other Structures	\$20,000	
Personal Property	\$150,000	
Personal Liability Each Occurrence	\$300,000	
Medical Payments Each Person	\$1,000	
Loss of Use	\$10,000	
Wind/Hail		5.0000%

**REMARKS (Including Special Conditions)**

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**CANCELLATION**

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

**ADDITIONAL INTEREST**

<b>NAME AND ADDRESS</b>  <b>Office of United States Trustee</b> <b>1 Newark Center, Suite 2100</b> <b>Newark, NJ 07102</b>	<input type="checkbox"/> <b>MORTGAGEE</b>	<input checked="" type="checkbox"/> <b>ADDITIONAL INSURED</b> <b>Additional Interest</b>
	<input type="checkbox"/> <b>LOSS PAYEE</b>	
	<b>LOAN #</b>	
	<b>AUTHORIZED REPRESENTATIVE</b> 	